



Voluntary Contributions to Annuity Savings Account

State Form 50895 (R/7-04)

Approved by the Indiana State Board of Accounts, 2004

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

PRIVACY NOTICE

Your TRF number is required on this form. Without it your form cannot be processed. To obtain your number, send us a written request including your social security number, date of birth, current address, and signature. We will mail you the information.

INSTRUCTIONS:

1. Please **TYPE** or **PRINT**.
2. Complete all information.
3. Return the completed form directly to your payroll administrator.

MEMBER INFORMATION

First Name	MI	Last Name	TRF Number (required)	Date
Address (number and street)				New Address <input type="checkbox"/>
City		State	ZIP Code	

VOLUNTARY CONTRIBUTION

- These contributions are limited to ten-percent (10%) of your compensation per pay period.
- These contributions do not affect your three-percent (3%) mandatory employee contribution.
- These contributions are post-tax and remain as taxable income for tax purposes.
- This contribution level direction may be changed at any time in the future.

PLEASE SELECT THE ADDITIONAL PERCENTAGE OF COMPENSATION THAT YOU WISH TO CONTRIBUTE TO YOUR ANNUITY SAVINGS ACCOUNT ALONG WITH YOUR THREE-PERCENT (3%) MANDATORY CONTRIBUTION : (DARKEN THE CORRESPONDING CIRCLE)

1% <input type="radio"/>	2% <input type="radio"/>	3% <input type="radio"/>	4% <input type="radio"/>	5% <input type="radio"/>
6% <input type="radio"/>	7% <input type="radio"/>	8% <input type="radio"/>	9% <input type="radio"/>	10% <input type="radio"/>

ENDING VOLUNTARY CONTRIBUTIONS

I hereby elect to cease making voluntary contributions to my annuity savings account.

☐

SIGNATURE

I hereby revoke any previous voluntary contribution directions.

I understand that these voluntary contributions are post-tax and remain as taxable income for tax purposes.

Signature

Date

RETURN THIS FORM DIRECTLY TO YOUR PAYROLL ADMINISTRATOR.